PP 5.76

Joseph C. Walsh

PTO/SB/01 (03-01)
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**DECLARATION FOR UTILITY OR** 

**Attorney Docket Number** 

DESIGN	First Named Inver	tor	Joseph C. Walsh
PATENT APPLICATION	COMPLETE IF KNOWN		KNOWN
(37 CFR 1.63)	Application Number	r	
Declaration Declaration	Filing Date		
Submitted OR Submitted after Initial with Initial Filing (surcharge	Group Art Unit		
Filing (37 ČFR 1.16 (e)) required)	Examiner Name		
As a below named inventor, I hereby declare that:			
My residence, mailing address, and citizenship are as stated be	elow next to my name.		
I believe I am the original, first and sole inventor (if only one names are listed below) of the subject matter which is claimed	mo io listad halawa aa a	original, to	first and joint inventor (if plural n the invention entitled:
TRANSFER GLUE SYSTEM AND ME			
			=
(Title of the Inv	rention)		
the specification of which	•		
is attached hereto			
OR			•
was filed on (MM/DD/YYYY)	as United States	Application	n Number or PCT International
Application Number and was amend	led on (MM/DD/YYYY)		(if applicable).
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.			
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.			
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the			
		riority Claimed	Certified Copy Attached?
			YES NO
Additional foreign application numbers are listed on a supple	mental priority data she	et PTO/SI	B/02B attached hereto:

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## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: Customer Nur or Bar Code L				OR V Co	оггеspondence address below
Michael A. Goodwin, Esq. Klaas, Law, O'Meara & Malkin,	P.C.				
Address 1999 Broadway, Suite 2225					
City Denver			State	Colorado	<sub>ZIP</sub> 80202
Country USA	Telephone	(303) 2	298-9	9888	Fax (303) 297-2266
I hereby declare that all statements made herein of m are believed to be true; and further that these statem made are punishable by fine or imprisonment, or both validity of the application or any patent issued thereon.	nents were n h under 18 i				
NAME OF SOLE OR FIRST INVENTOR:	A pr	etition has	s beer	en filed for this uns	signed inventor
Given Name Joseph C. (first and middle [if any])	1/1		Family or Sum		
Inventor's Signature			Date Viege 8, 2001		
Residence: City Boulder	State	Colorad	do (	Country USA	Citizenship US
Mailing Address 5532 La Plata Circle	<del></del>			·	
city Boulder	State	Colorado	0	ZIP 80301	Country USA
NAME OF SECOND INVENTOR:	] A peti	tion has t	been f	filed for this unsig	gned inventor
Given Name (first and middle [if any]) Kenneth E.			amily N	H 2W/VID	18
Inventor's Signature Secure E Heavy Date 6/8/01					
Residence: City Loveland	State C	Colorado	Cot	untry USA	Citizenship US
Mailing Address 4205 S. W. 10th Street					
city Loveland	State C	Colorado	ZIP	80537	c untry USA
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					<del></del>

Please typ	a plus sign (+) inside this box		+
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PTO/SB/81 (02-01)

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## POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Joseph C. Walsh
Title	Transfer Glue System And
Group Art Unit	
Examiner Name	
Attorney Docket Number	PP 5.76

Practitioners at Customer Number  OR  ✓ Practitioner(s) named below:  Name  Registration Number  William P. O'Meara  Jay K. Malkin  Jay K. Malkin  Jay K. Malkin  Stephen B. Katsaros  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Practitioners at Customer Number.  OR  Practitioners at Customer Number.  OR  Individual Name  Address  Address  City  Country  Telephone  I am the:  ✓ Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant/orAssignee of Record  Name  Joseph C. Walsh  Signature  Date  Total of  Toms are submitted.	I hereby appoint:			
William P. O'Meara  Jay K. Malkin  31,393  Michael A. Goodwin  Stephen B. Katsaros  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Practitioners at Customer Number  Rimm or Individual Name  Address  Address  Address  Address  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  Signature  Date  NOTE: Signatures of all fine inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	OR			
William P. O'Meara   29,962   Jay K. Malkin   31,393   Michael A. Goodwin   32,697   Stephen B. Katsaros   47,696   as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.    Please change the correspondence address for the above-identified application to:		Registration Number		
Michael A. Goodwin Stephen B. Katsaros  47,696  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR Practitioners at Customer Number  Firm or Individual Name  Address  Address  City State  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant/Ior/Assignee of Record  Name  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	William P. O'Meara			
Stephen B. Katsaros 47,696  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR Practitioners at Customer Number  Firm or Individual Name  Address  City  Country  Telephone  I am the:  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant/or Assignee of Record  Name  Joseph C. Walsh  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Jay K. Malkin	31,393		
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Firm or Individual Name  Address  Address  City  Country  Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant/Inventor Assignee of Record  Name  Joseph C. Walsh  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Practitioners at Customer Number	Number Bar Code		
Individual Name  Address  Address  City  Country  Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant/or Assignee of Record  Name  Joseph C. Walsh  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	OR	Label here		
Address  City  Country  Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant/or Assignee of Record  Name  Joseph G. Walsh  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	1			
City Country Telephone Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant/or Assignee of Record  Name Joseph G. Walsh Signature Date  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address			
Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Joseph C. Walsh  Signature  Date  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address			
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Signature  Date  NoTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
Name  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
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Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Joseph C. Walsh a 1//			
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Application Number	
Filing Date	
First Named Inventor	Joseph C. Walsh
Title	Transfer Glue System And
Group Art Unit	
Examiner Name	
Attorney Docket Number	PP 5.76

I hereby appoint:		
Practitioners at Customer Number  OR  Practitioner(s) named below:	Place Customer Number Bar Code Label here	
Name	Registration Number	
William P. O'Meara	29,962	
Jay K. Malkin	31,393	
Michael A. Goodwin	32,697	
Stephen B. Katsaros	47,696	
as my/our attorney(s) or agent(s) to prosecute the application id- business in the United States Patent and Trademark Office conr	entified above, and to transact all nected therewith.	
Please change the correspondence address for the above-idention The above-mentioned Customer Number.		
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I am the:	dx	
Applicant/Inventor.		
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
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Name Kenneth E. Hawkins		
Signature Kennett E Halli		
Date 6/8/01		
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☑ *Total of 2forms are submitted.		